

Softer Voices

P.O. Box 658 Cross Junction, VA 226252012 MAY -8 AM 11: 55

May 4, 2012

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization—Unlimited Contributions

To Whom It May Cencern:

This political committee, Softer Voices, C30000327, states that as an organization, it now intends to make independent expenditures only in the future. Consistent with the U.S. Court of Appeals for the District of Columbia Circuit's decision in *SpeechNow v. FEC*, 599 F.3d 686 (D.C. Cir. 2012), it therefore intends to raise funds in unlimited amounts. This committee will not use these funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted

Peter D. Lys

Pete Lips Treasurer

Softer Voices

RECEIVED

FEC

Use

Only

STATEMENT OF

2012 MAY -8 AM 11: 07

FEC FORM 1

(Revised 02/2009)

ORGANIZATION FEC MAIL CENTER FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Softer Voices ADDRESS (number and street) (Check if address is changed) cross Junction CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) ′ 2012 ° 2. DATE c 30000327 FEC IDENTIFICATION NUMBER IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Peter Lips Type or Print Name of Treasurer Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact:

Federal Election Commission Toll Free 800-424-9530

Local 202-694-1100

5.

FE	EC Fo	rm 1 (Revised 02/2009)	Page 2					
TYPE OF COMMITTEE								
Cand	lidate	Commit iee :						
(a)		This committee is a principal campaign committee. (Complete the candidate information below	.)					
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
Name of Candidate			لبسبب					
Candid Party		Office Sought: House Senate President	State					
reaty 2	Allinau	Sought. Chouse Senate Frestdent	District					
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	,					
Name of Candidate								
Party	/ Con	nmittee:						
(d)		(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.					
Politi	ical A	ction Committee (PAC):						
(e)	П	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:						
	_	Corporation Wo Capital Stock	Labor Organization					
		Membership Organization Trade Association	Cooperative					
		In addition, this committee is a Lobbyist/Registrant PAC.						
(f)	\times	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., roncommected committee)						
		In addition, this committee is a Lobbyist/Registrant PAC.						
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)						
Joint Fundraising Representative:								
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate						
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political					
	Committees Participating in Joint Fundraiser							
	1.							
	2.	FEC ID number C						
	3.	FEC ID number C						
	4.							

ł	FEC Form 1 (Revised	02/2009)	Page 3					
W	rite or Type Committee Nam	9						
5	Softer Voices							
6.		Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	ip PAC Sponsor					
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L								
	Mailing Address							
	-							
		CITY STATE Z	ZIP CODE					
	Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Representative Lead	dership PAC Sponsor					
7.	7. Custodian ef Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.							
	Full Name Peter	Lips						
	Mailing Address	P.O. Box 658						
		Cross Junction VA 22625	<u>.</u>					
	Title or Position	CITY STATE Z	ZIP CODE					
	TREASURER	Telephone number	88-14752					
8.	Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the nam assistant treasurer).	ne and address of					
	Full Name of Treasurer	Lips						
	Mailing Address	P.O. Box 658						
			ليتبيي					
		Cross Junction VA 22625	ZIP CODE					
	Title or Position TREASURER	Telephone number 540 - 8	881-4752					

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Full Name of Designated Agent						
Mailing Address						
	CITY	STATE	ZIP CODE			
Title or Position						
	Telephone r	number				
	And the second s					
	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents afety deposit boxes or maintains funds.					
Name of Bank, Depos	itory, etc.					
	- · ·					
J ₁ F	P. Morgan	1111				
Mailing Address	i270 Park,Avenue, 27th,Floor					
	New York	NY	[10017]			
	CITY	STATE	ZIP CODE			
Name of Bank, Depos	itory, etc.					
ı			1			
اسل						
Mailing Address						
	CITY	STATE	ZIP CODE			

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt** Received-from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): **DATE PREPARED**

(3/2005)